

A background image showing a person's leg and foot in a gym setting. The person is wearing a black and orange athletic shoe and is standing on a grey rubber mat. A weight bar is visible in the background, suggesting a workout or exercise routine.

NUTRITION *Planner*

HEALTH OVERVIEW

PERSONAL INFORMATION	
D.O.B:	BIRTHPLACE:
WEIGHT:	EYE COLOR:
HEIGHT:	GLASSES/CONTACTS:
BLOOD TYPE:	BIRTHMARK/SCARS:

MEDICAL CONDITION		
CONDITION	DATE	TREATING

FOOD, DRUGS AND OTHER ALLERGIES		
ALLERGY	TREATMENTS	DOSE

MEDICATION SUPPLEMENTS		
MEDICATION	TAKEN FOR	DOSE

MEDICAL HISTORY

NAME:

BLOOD TYPE:

ALLERGIES:

DOCTORS:

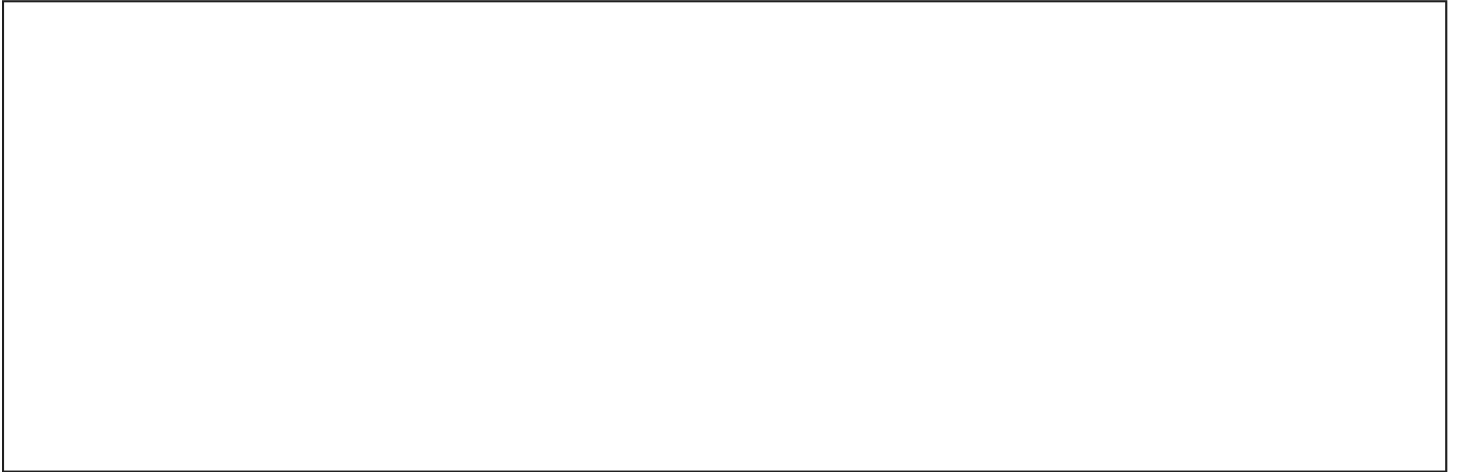
CHRONIC CONDITIONS:

MEDICATIONS:

[illegible]

HEALTH JOURNAL

Discuss how and what is my HEALTH right now

A large, empty rectangular box with a thin black border, intended for the user to write their response to the prompt above.

Things that I seem to resist while doing what needs to be done, in
improving my health

A large, empty rectangular box with a thin black border, intended for the user to write their response to the prompt above.

My Thoughts & Feelings and where do my motivations come from

A large, empty rectangular box with a thin black border, intended for the user to write their response to the prompt above.

HEALTH GOALS

Ultimate Health Plans

①

②

③

Action Plans

	Action Plans	Duration	Notes
GOAL 1			
GOAL 2			
GOAL 3			

MONTHLY NUTRITION GOAL

JANUARY	FEBRUARY	MARCH
APRIL	MAY	JUNE
JULY	AUGUST	SEPTEMBER
OCTOBER	NOVEMBER	DECEMBER

NUTRITION & FITNESS GOALS

START DATE:	DURATION:	END DATE:
START WEIGHT:	GOAL WEIGHT:	FINAL WEIGHT:
START BMI:	GOAL BMI:	FINAL BMI:

[illegible][illegible]

WEEKLY NUTRITIOUS FOOD PLANNER

SUNDAY

GROCERY LIST

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

WEEKLY NUTRITIOUS MENU

MENU NAME

SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDY		

NUTRITIOUS FOOD IDEAS BRAINSTORM

BREAKFAST

DESSERTS

[illegible]

LUNCH

DINNER

SNACKS

NUTRITIOUS FOOD FOR BREAKFAST

SUNDAY
MONDAY
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY
SATURDAY

NUTRITIOUS FOOD FOR LUNCH

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

NUTRITIOUS FOOD FOR DINNER

SUNDAY
MONDAY
TUESDAY
WEDNESDAY
THURSDAY
FRIDAY
SATURDAY

WEEKLY NUTRITION RESULTS

[illegible]

DAILY NUTRITION PLAN

WORKOUT
ROUTINE

MINDSET ACTIVITY

SELF CARE
ACTIVITY

FOOD NUTRITION

RECIPE

RECIPE NAME:		
COOK TIME:	PREP TIME:	SERVING:

INGREDIENTS:	NOTES
DIRECTIONS	

NUTRITION		
CALORIES:	CARBS:	SODIUM:
PROTEINS:	FIBER:	CHOLESTEROL:
FAT:	SUGAR:	OTHER:

FOOD NUTRITION RECIPE

RECIPE NAME:

[illegible]

RECIPE NAME:

[illegible]

NUTRITIOUS FOOD JOURNAL

	BREAKFAST	LUNCH	DINNER	SNACKS	HYDRATION	NOTES
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						

FOOD NUTRITION & HEALTH JOURNAL

	SUN	MON	TUE	WED	THU	FRI	SAT
HOURS/TIME SLEEP							
WOKEUP/ FEELING							
MOOD							
ENERGY							
PAIN							
STRESS							
ACTIVITIES							

NUTRITION CHANGES

NEED TO EAT

NEED TO REFUSE

NEW HEALTHY HABITS

ADD VITAMINS & DIETARY SUPPLEMENTS

30 - DAYS NUTRITION CHALLENGE

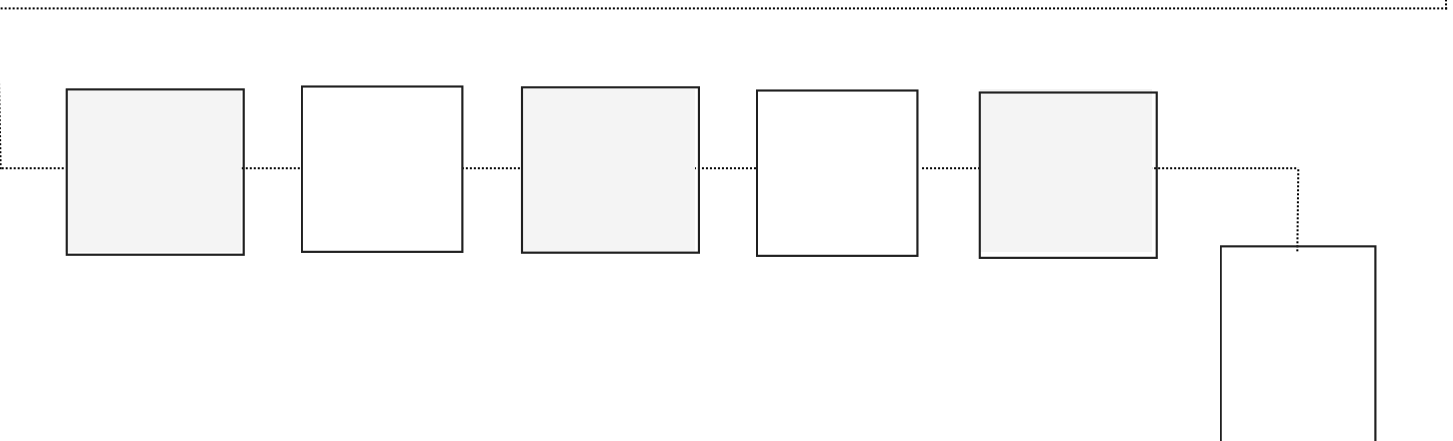
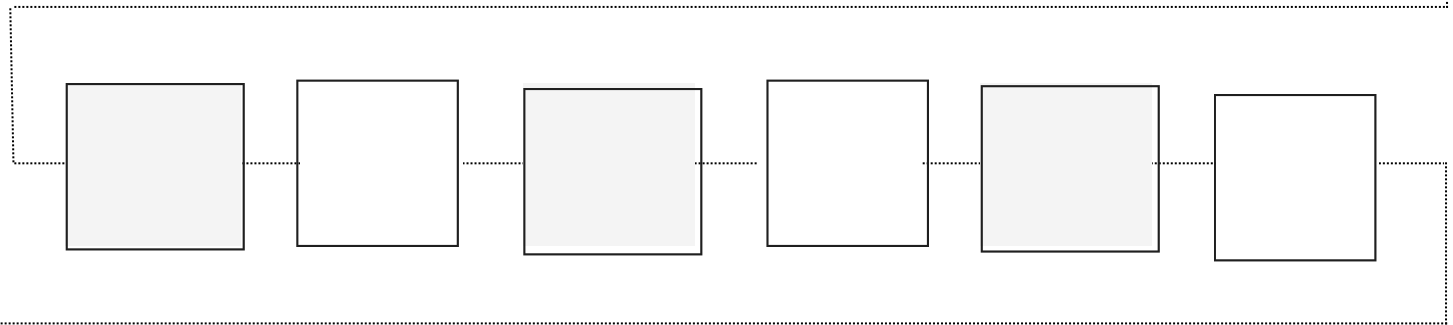
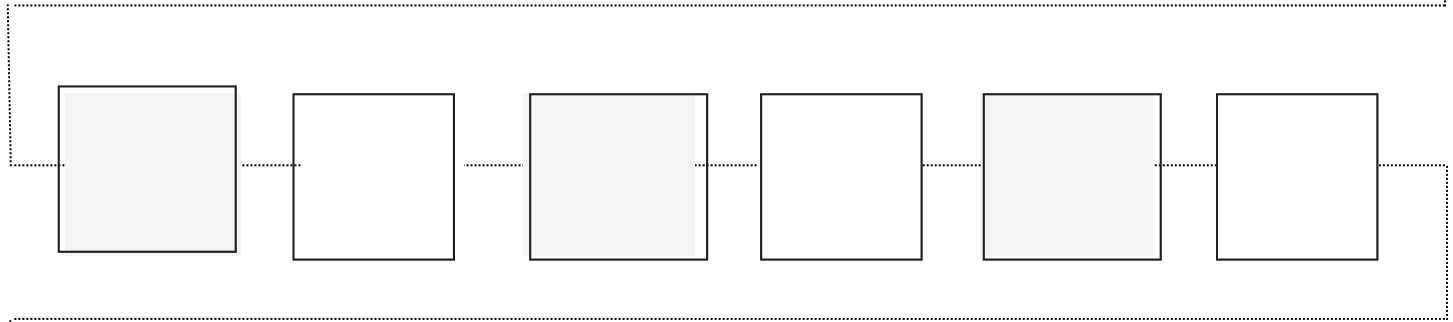
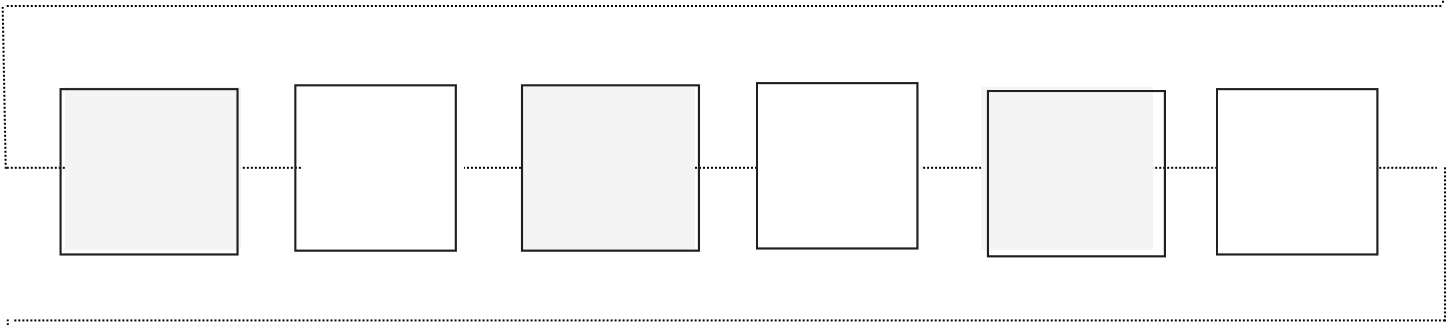
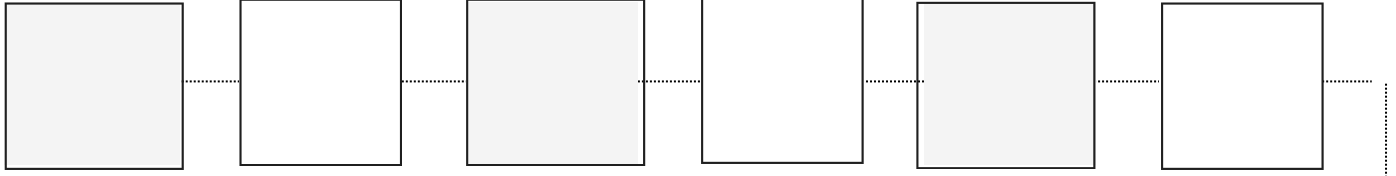
THE HABIT I AM CREATING/DESTROYING IS ...

CREATING/ DESTROYING THIS HABIT WILL CHANGE MY FUTURE BY...

AFFIRMATION STATEMENT ...

PLAN OF ACTION ...

30 - DAYS NUTRITION CHALLENGE



30 - DAY NUTRITION CHALLENGE

CHALLENGE	DAY1 ☐	DAY2 ☐	DAY3 ☐	DAY4 ☐	DAY5 ☐
	DAY6 ☐	DAY7 ☐	DAY8 ☐	DAY9 ☐	DAY10 ☐
	DAY11 ☐	DAY12 ☐	DAY13 ☐	DAY14 ☐	DAY15 ☐
	DAY16 ☐	DAY17 ☐	DAY18 ☐	DAY19 ☐	DAY20 ☐
REWARD	DAY21 ☐	DAY22 ☐	DAY23 ☐	DAY24 ☐	DAY25 ☐
	DAY26 ☐	DAY27 ☐	DAY28 ☐	DAY29 ☐	DAY30 ☐

CHALLENGE	DAY1 ☐	DAY2 ☐	DAY3 ☐	DAY4 ☐	DAY5 ☐
	DAY6 ☐	DAY7 ☐	DAY8 ☐	DAY9 ☐	DAY10 ☐
	DAY11 ☐	DAY12 ☐	DAY13 ☐	DAY14 ☐	DAY15 ☐
	DAY16 ☐	DAY17 ☐	DAY18 ☐	DAY19 ☐	DAY20 ☐
REWARD	DAY21 ☐	DAY22 ☐	DAY23 ☐	DAY24 ☐	DAY25 ☐
	DAY26 ☐	DAY27 ☐	DAY28 ☐	DAY29 ☐	DAY30 ☐

WEEKLY MEAL PLAN

Monday	B
	L
	D
Tuesday	B
	L
	D
Wednesday	B
	L
	D
Thursday	B
	L
	D
Friday	B
	L
	D
Saturday	B
	L
	D
Sunday	B
	L
	D

B - Breakfast

L - Lunch

D - Dinner

SHOPPING LIST

☐

☐

☐

☐

☐

☐

NOTES

☐

☐

☐

☐

DAILY MEAL PLAN

Breakfast		
Snack		
Lunch		
Snack		
Dinner		

GRAINS						
DAIRY						
VIT						
H2O						
VEGGIES						
FRUITS						
PROTEIN						
CARBS						
CARBS						

WEEKLY MEAL BUDGET

Monday	Tuesday	Wednesday	Thursday
Budget	Budget	Budget	Budget

Friday	Saturday	Sunday	DESSERT IDEAS
Budget	Budget	Budget	Budget

NEW RECIPES TO TRY

BREAKFAST IDEAS

[illegible]

LUNCH IDEAS

[illegible]

DINNER IDEAS

[illegible]

SNACK IDEAS

[illegible]

FOOD LOG

[illegible]

FOOD DIARY

DATE:	CALORIES GOAL:
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[illegible]

DIET PLANNER

DIET TYPE:	STARTING DATE:
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[illegible]

DIET LOG

[illegible]

CALORIES REFERENCES

[illegible]

ANNUAL CALORIES TRACKER

[illegible]

MACRO TRACKER

	CALORIES	CARBS	PROTEIN	FAT	FIBER
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

FASTING LOG

[illegible]

EATING HABIT TRACER

[illegible]

INTUITIVE EATING

[illegible]

PANTRY INVENTORY

[illegible]

FREEZER INVENTORY

[illegible]

FRIDGE INVENTORY

[illegible]

GROCERY LIST

PRODUCE

MEAT

DAIRY

BEVERAGES

BAKERY

PANTRY/OTHER

RECIPE TEMPLATE

RECIPE FOR:

INGREDIENTS

EQUIPMENTS

INSTRUCTION:

RECIPE TRACKER

[illegible]

RECIPE TEMPLATE

RECIPE FOR:

INGREDIENTS

EQUIPMENT

INSTRUCTION:

HEALTHY RECIPE

TITLE: _____

INGREDIENTS



PREPARATIONS

[illegible]

GROCERY LIST

PRODUCE

MEAT

DAIRY

BEVERAGES

BAKERY

PANTRY/OTHER

FOOD BUDGET PLANNER

INCOME	DAY	WEEK	MONTH	QUATER	YEAR
TOTAL					

FIXED EXPENSES	DAY	WEEK	MONTH	QUATER	YEAR
TOTAL					

SPENDING	DAY	WEEK	MONTH	QUATER	YEAR
TOTAL					

VITAMINS & SUPPLEMENTS

WEEK OF: _____

[illegible]

WEEKLY VITAMIN INTAKE

WEEK OF: _____

[illegible]

VITAMIN TRACKER

WEEK OF: _____

[illegible]

MEDICATION SCHEDULE

[illegible]

FITNESS GOAL TRACKER

1.

2.

3.

ACTION STEPS

1.

2.

3.

4.

5.

PHYSICAL MONTHLY SCHEDULE

WEEK 1

WEEK 2

WEEK 3

WEEK 4

NOTES

MONTHLY WEIGHT TRACKER

[illegible]

WEIGHT TRACKER

STARTING WEIGHT:

[illegible]

HABIT TRACKER

HABIT:

[illegible]

DAILY PLANNER

TASKS

1		☐
2		☐
3		☐
4		☐
5		☐

DIET

FOOD

CARB	PRO	FAT	CALS

TOTAL

ACTIVITY

MIN

CALS

I am grateful for

Affirmation, I am

Mindful of

MOOD OF THE DAY:

SCHEDULE

TIME

DESCRIPTION

MEAL PLANNER

BREAKFAST:

SNACKS:

LUNCH:

SNACKS:

DINNER:

SNACKS:

WATER INTAKE



SLEEP TRACKER

OF HRS:

ENERGY:



DAILY & WEEKLY PLANNER

MONTH OF: _____

[illegible]

DAILY TRACKER

DATE: _____

BREAKFAST	LUNCH	SNACKS	DINNER

TODAY'S WORKOUT

WATER INTAKE

NOTES

DAILY PRIORITY LIST

PRIORITIES

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[illegible]

NUTRITION VISION BOARD

